Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120002113963)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077

Phone Fax Number

: (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EVOLUCIA, INC.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

AUG 2 3 2012

8/23/2012

T. BROWN

Articles of Amendment to Articles of Incorporation of

Evolucia, Inc.			. 2
(Name of Corporation as currently	filed with the Florids Dep	t. of State)	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Pre</i>	ofit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation		
Evolucia Lighting Inc.			The new
name must be distinguishable and contain the was "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or to	rp," "Inc," or "Co". A pr	any," or "incorporated" of ofessional corporation nam	r the abbreviation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
,			
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Flor ed office address:	ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(Clb)	(Zip C	'ode)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and ac	cept the obligations of the pe	osition.
Signature of	New Registered Agent, if ch	anging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT	John Do	<u>a</u>	
X Remove	<u>v</u>	Mika Jo	nes	
X Add	<u>sv</u>	Sally Sm	aith	•
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	•			
Add				
Remove				"
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

tach <i>additional shee</i> i	additional Artic is, if necessary).	(Be specific)			
			· · · ·		
	,				
-					
		•			
					<u>,</u>
_	***	•			
			<u>,</u>		
				lation of beyond th	-
an amendment pro provisions for imple	wides for an exen menting the ame	ange, recinstitude of and an artifact of the control of the contro	ention, or enterion ontained in the s	mendment itselft	11.1 (234
(if not applicable	, indicate N/A)				
	<u> </u>		*****		
					-
				·	
			_		
				•	
		<u> </u>		·- ·- ·- ·-	

The date of each amendment(s)	ndoptions August 22, 2012				
Effective date if applicable:					
Bilecuje date it hamitante.	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vote sufficient for approval.	s cast for the amendment(s)			
	pproved by the shareholders through voting grou or each voting group entitled to vote separately a				
"The number of votes sa	st for the amendment(s) was/were sufficient for a	pproval			
ъу	(voting group)	*			
	(voting group)	•			
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareho	lder action and shareholder			
☐ The emendment(s) was/were a action was not required.	dopted by the incorporators without shareholder	action and shareholder			
_{Dated} Augu	st 22, 2012				
Signature	Stoluto				
selec	director, president or other officer — if directors ted, by an incorporator — if in the hands of a receinted fiduciary by that fiduciary)				
	Jaqueline O'Sullivan				
	(Typed or printed name of person s	igning)			
	CFO				
•	(Title of person signing)				